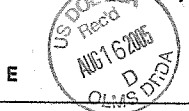


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8497</b>	2. Fiscal Year Covered From: <b>10</b> / <b>1</b> / <b>2003</b> Through: <b>9</b> / <b>30</b> / <b>2004</b>
3. Name and address of person filing. Name <b>THOMAS O. BURCHAM</b> P.O. Box, Bldg., Room No., if any Street <b>8936 BURCHAM DRIVE</b> City <b>NEW DOUGLAS</b> State <b>IL</b> ZIP Code + 4 <b>62074</b>	4. Name, file number, and address of labor organization. Name <b>DUE-CWA LOCAL 84840</b> Labor Organization File Number <b>032-335</b> P.O. Box, Building and Room Number, if any <b>147</b> Street City <b>HIGHLAND</b> State <b>IL</b> ZIP Code + 4 <b>62249</b>
5. Position in labor organization. <b>PRESIDENT</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount. 

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Thomas O. Burcham*

On

**8/8/05**

Date

**618 637-2316**

Telephone Number

File Number U-

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**12.b. Amount.**

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 10 / <input type="text"/> 01 / <input type="text"/> 2003 Through: <input type="text"/> 09 / <input type="text"/> 30 / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> LEATHA <input type="text"/> B <input type="text"/> BRENNAN P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 1171 ACORN ROAD City <input type="text"/> HIGHLAND State <input type="text"/> IL. ZIP Code + 4 <input type="text"/> 62249	4. Name, file number, and address of labor organization. Name <input type="text"/> IUE-CWA LOCAL 84840 Labor Organization File Number <input type="text"/> 032-335 P.O. Box, Building and Room Number, if any <input type="text"/> P.O. Box 147 Street <input type="text"/> City <input type="text"/> HIGHLAND State <input type="text"/> IL. ZIP Code + 4 <input type="text"/> 62249
5. Position in labor organization. <input type="text"/> VICE PRESIDENT	

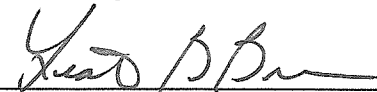
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7. a. Nature of Interest, Transaction, or Income. <input type="text"/> 7. b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8-8-05  
Date

618-654-4209  
Telephone Number

Name of Person Filing <b>LEATHA B. BRENNAN</b>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BECKER - GALANTI P.C.**  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any **P.O. Box 488**  
Street **3673 HWAY 111**  
City **GRANITE CITY**  
State **IL.** ZIP Code + 4 **62040**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State   
ZIP Code + 4

11.a. Nature of such dealing.

**STEAK PACKAGE \$48.00  
XMAS GIFT**

11.b. Approximate dollar value of such dealing.

**\$48.00**

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State   
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 10 / <input type="text"/> 1 / 2003 Through: <input type="text"/> 9 / 30 / 2004
3. Name and address of person filing. Name <input type="text"/> ELSA <input type="text"/> J <input type="text"/> ROSE P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 201 EAST SIXTH ST. City <input type="text"/> HARTFORD State <input type="text"/> IL ZIP Code + 4 <input type="text"/> 62048	4. Name, file number, and address of labor organization. Name <input type="text"/> IUE-CWA LOCAL 84840 Labor Organization File Number <input type="text"/> 032-335 P.O. Box, Building and Room Number, if any <input type="text"/> P.O. Box 147 Street <input type="text"/> City <input type="text"/> HIGHLAND State <input type="text"/> IL ZIP Code + 4 <input type="text"/> 62048
5. Position in labor organization. <input type="text"/> RE <input type="text"/> RECORDING SECRETARY	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Elsa J Rose*

On

8-8-05  
Date

618 254 2282  
Telephone Number

Name of Person Filing <b>ELSA J. ROSE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>BECKER + GALANTI P.C.</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. Box 488</b></p> <p>Street <b>3673 HWY 1-11</b></p> <p>City <b>GRANITE CITY</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>62040</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><b>RECEIVED CHRISTMAS GIFT FROZEN STEAKS REC'D 4 BASEBALL TICKETS</b></p> <p>11.b. Approximate dollar value of such dealing. <b>184.00</b></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>